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APPLICATION NO.	dPLICATION NO. FILING DATE			FIRST NAMED INVENTO			ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/567,248	10/567,248 12/13/2006			Javier A. Jo	67789-083US0 3061					
APPLN, TYPE	SMALL ENTITY	ISSUE	FEE DUE	PUBLICATION FEE D	OUE I	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
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CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys reagents OR, alternatively.						
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(A) NAME OF ASSI				(B) RESIDENCE: (C						
Cedars-Si	nai Medical	Center		Los Angel	les,	. CA				
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Change in Entity Stat	tus (from status indicates	dabove)			· posit	7teodii ranici	04-	UZJO - (CICIO)C all	extra copy or this fixin).	
a. Applicant claim	s SMALL ENTITY statu	s. See 37 C		a b. Applicant is no	longer	r claiming SMALI	ENT	ITY status. See 37 CF	R 1.27(g)(2).	
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